

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391666
<015> Study Area Name	JEFFERSON TEL CO -SD
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Paul Bergmann
<035> Contact Telephone Number: Number of the person identified in data line <030>	7122715501 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	paul.bergmann@longlines.biz

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
(check box when complete)		
<100> Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	
<300> Unfulfilled Service Requests (voice) <input style="width: 50px; text-align: center;" type="text" value="0"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband) <input style="width: 50px; text-align: center;" type="text" value="0"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		
<410> Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>	<input type="checkbox"/>	
<430> Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	
<440> Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>	<input type="checkbox"/>	
<450> Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>	<input type="checkbox"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 5px; font-size: x-small;">391666sd510.pdf</div> (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 5px; font-size: x-small;">391666sd610.pdf</div> (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> Yes <input checked="" type="radio"/> No (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability Certification <input style="width: 50px;" type="text" value="Yes"/>	<input checked="" type="checkbox"/>	
<1010> <div style="border: 1px solid black; padding: 5px; font-size: x-small;">391666sd1010.pdf</div> (attach descriptive document)	<input checked="" type="checkbox"/>	
<1100> Certify whether terrestrial backhaul options exist (Yes or <input checked="" type="radio"/> No <input type="radio"/> Yes) (if not, check to indicate certification)	<input checked="" type="checkbox"/>	
<1110> (complete attached worksheet)	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)		<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet		
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		
<2000> (check to indicate certification)	<input type="checkbox"/>	
<2005> (complete attached worksheet)	<input type="checkbox"/>	
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet		
<3000> (check to indicate certification)	<input checked="" type="checkbox"/>	
<3005> (complete attached worksheet)	<input checked="" type="checkbox"/>	

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	paul.bergmann@longlines.biz
<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

391666sd112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year

service quality improvement plan pursuant to §54.202(a). The information shall be

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service
- <116> How much (USF) was used to improve service coverage and how support was used to improve service
- <117> How much (USF) was used to improve service capacity and how support was used to improve service
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Not Applicable

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
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<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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Please confirm whether terrestrial backhaul options exist within the supported area

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.longlines.com/phone/lifelink.php>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support. carriers must

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	July 2013

<010> Study Area Code	391666
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<039> Contact Email Address - Email Address of person identified in data line <030>	paul.bergmann@longlines.biz

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)}

Name of Attached Document(s) Listing Required

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s), on line _____ contains the required pursuant to § 54.313 (e)(3)(iii) as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in preceding calendar

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

391666sd3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s) on line 3012 contains the required information § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) Yes No

(3014) If yes, does your company file the RUS annual report (Yes/No) Yes No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet. Income Statement and Statement of Cash

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No) Yes No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet. Income Statement and Statement of Cash

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet. Income Statement and Statement of Cash

391666sd3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED – FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) <u>Kiesling Associates LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	Kiesling Associates LLP
Name of Reporting Carrier:	JEFFERSON TEL CO -SD
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2015
Printed name of Authorized Officer:	Paul Bergmann
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	7122715535 ext.
Study Area Code of Reporting Carrier:	391666 Filing Due Date for this form: 07/01/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	JEFFERSON TEL CO -SD
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent:	Cheryl Clauson
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	5152230159 ext.
Study Area Code of Reporting Carrier:	391666 Filing Due Date for this form: 07/01/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

South Dakota Administrative Rules § 20:10:32:43.04 states an ETC is required to demonstrate the ability to satisfy consumer protection and service quality standards. An applicant requesting designation as an eligible telecommunications carrier shall demonstrate that it will satisfy applicable consumer protection and service quality standards. Jefferson Telephone Company LLC certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

South Dakota Administrative Rules § 20:10:32:43.03 requires demonstration of ability to remain functional in emergency situations. An applicant requesting designation as an eligible telecommunications carrier shall demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged transport facilities, and is capable of managing traffic spikes resulting from emergency situations. Jefferson Telephone Company LLC certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 1010: Voice Services Rate Comparability

As of January 1, 2015, the ETC's pricing of fixed voice service (reported on line 703 of this filing) is below the current national average urban rate for voice service (\$47.48), as published annually by the Wireline Competition Bureau.

Line 3010 Progress Report on 5 Year Plan – Milestone Certification

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 4Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY